MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

FEB 3 1937 a 91

1. PLACE OF DEATH

County...........

Registration District No.......... 1003

Township...........

Primary Registration District No..........

City Saint Louis, (No. 4263 Kennerly Avenue ....St. ....Ward)

File No. 3348

Registered No. 379

96
309

2. FULL NAME Charles A. Mathews

(a) Residence, No. 4263 Kennerly Avenue st., ...11.... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH

3. SEX Male

4. COLOR OR RACE Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 6, 1895

7. AGE YEARS 41 MONTHS 1 DAYS 0 IF LESS than 1 day, ...hrs. or ......min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Chatanooga (STATE OR COUNTRY) Tennessee

FATHER

13. NAME Moses Mathews
14. BIRTHPLACE (CITY OR TOWN) Unavailable (STATE OR COUNTRY) Florida

MOTHER

15. MAIDEN NAME Ella Barron
16. BIRTHPLACE (CITY OR TOWN) Bartletown, (STATE OR COUNTRY) Georgia

17. INFORMANT Jannie Mae Mathews (ADDRESS) 4263 Kennerly Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cemetery, Jan. 11, 37

19. UNDERTAKER Charles J. Gates (ADDRESS) 4107 Finney Avenue,

20. FILED JAN 10 1937 J. Biedeck Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 4th, 1937, to January 6th, 1937. I last saw him alive on January 6th, 1937. Death is said to have occurred on the date stated above, at 6:30 A.M.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:
Exposure to cold

Name of operation............... Date of...........
What test confirmed diagnosis?........... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?........... Date of injury........, 19......
Where did injury occur?...........
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury...........
Nature of injury...........

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify none
(Signed) Oscar William Johnson , M. D.
(Address) 1046a North Vandeventer